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ORIGINAL ARTICLES

ADDRESS BY THE PRESIDENT OF THE RHODE ISLAND MEDICAL SOCIETY.*

HALSEY DEWOLF, M.D.

PROVIDENCE, R. I.

It is but fitting, this afternoon, that we should pause a moment, in memory of the man who, twelve months ago, you chose as your President for the year just past, and who, on December 17th last, died in office. It is he who *should* be addressing you today; offering, from his fund of experience and in his humorous way, much of interest and value to this Society.

Dr. William F. Barry was a strong man and a brave one; an able and devoted physician, as well as an enthusiastic public servant in his own community. You have heard, in the obituary read this morning, something of his life and of himself. Especially have you heard of his courageous pursuit of work, in spite of recurrent attacks of angina, which he well recognized carried with them the ever present threat of sudden death. It is only needful here to add a few words telling of his hopes and ambitions for this Society, as were known to *us*, who were associated with him and called upon to take up the work where he left it.

His chief desires, to which he constantly referred, were, first, to enlarge the attendance and so increase the enthusiasm of these meetings; and second, to bring out the young men, both as the authors and discussants of papers.

We have tried, honestly and vigorously, to further these wishes and, we believe, with marked success.

Dr. Barry is only the second President of this Society to die in office, Amos Throop having died shortly before his term expired. We, the members of today, should, therefore, feel ourselves peculiarly handicapped and obligated to further, to the best of our ability, the work which he was called upon

to lay down. We miss him and sincerely mourn his absence at this, *his* Annual Meeting.

As a "medical accident," to paraphrase the words of Col. Roosevelt, I wish now to speak in gratitude of the loyal support given to me by the officers, House of Delegates, committees and fellow members of the Society since I was called upon suddenly, last December, to assume the duties of President. Annually you hear, in this address, words of "praise and thanksgiving" for the fact of the existence of our efficient, politic and perpetual Secretary. These words are appropriate and richly deserved. It is not only an honor and privilege to hold this chair, but a real pleasure, with Dr. Leech in the offing.

The Legislative Committee is untiring and always effective. To this Committee's wisely directed effort is due, in large measure, the defeat of the recent Chiropractors' bill in our State Legislature. It is now engaged in even more important matters concerning the welfare of our community.

This is perhaps the first time in our history when a retiring President may look forward as well as backward, may picture the prospect as he reviews the retrospect. The prospect is a bright one for the coming year; the literary and other details of the meetings are already largely planned. The September gathering is to be held at Westerly, through the courtesy of the Washington District Society, and other matters are in the making. Officers and delegates have worked and are working hard, but it will be in vain, unless, as members, we do our part. Remember, the bridge is only as strong as its weakest span; also, that each member of this Society, added to all the others, makes up its structure. Do not forget, likewise, that this is a *State* and not a *City* organization. Newport, Woonsocket, Pawtucket, Kent and Washington, just as truly as Providence, make up the Society and are equally responsible for its welfare. *Come to the meetings*; it may be lonely and inconvenient for an out-of-town member to come alone, so I urge you to "take counsel together," and gather in groups from the far away places, on the ap-

*Delivered at the annual meeting of the Rhode Island Medical Society, June 4th, 1925.

pointed day: by your very presence, in considerable numbers, will you make it worth while; report our doings at your district gatherings; think of us often, yea, truly pray for us, that we may be made a whole. Of those members in Providence who habitually fail to lend their support, by lack of attendance or other neglect, I can only say, "they aren't playing the game," and, at the same time, are depriving themselves of one of the best assets of their medical lives, communion and contact with their professional fellows.

Our membership is 415; our average attendance is 100 or a little over. That we may do better for the Society, as well as ourselves, this coming year, let each of us consider him or herself one of a committee to go out into the highways and byways and collect the erring ones; by so doing we shall contribute materially to the good and vitality of the Society, as well as to *their* salvation.

Another duty we must acknowledge cheerfully is to contribute the results of our medical experience in the form of papers. The Literary Committee is always ready to receive the offer of such papers, and is often unaware of work that the members may be doing, a report of which at the meetings would be of great benefit. If not willing so to take the initiative in this matter, members should assuredly accept such responsibility, wherever possible, if invited to do so.

Such effort, especially for the younger men, is as valuable to themselves as to the Society.

The present is, in a sense, the future of the past, as well as the past of the future. What we are today is, in no small measure, the result of what our ancestors were before us; and again will be, to an unknown degree, the distinguishing mark of those who are to follow. This is true in medicine as in every phase of human life. We cannot escape, in our ideals, our characters, our learning or our lack of it, the inheritance from our forefathers, nor can we free ourselves from the responsibility of handing on these attributes for good or ill, to our descendants.

As it is with the individual, so with the group. This Rhode Island Medical Society is what it is, partly at least, because it was what it was in its earliest and earlier years. For which reason, surely once in a generation or two, it would seem of interest and profit to inform ourselves briefly of the history of this institution and of some of the

personalities which went into its making and development.

Prior to 1700, few medical names are recorded in Rhode Island and none in Providence. About that date Dr. Jabez Bowen, who had lived in Seekonk and often called on patients in Providence, came to live in the city, near St. John's Church, on North Main Street. His family furnished many physicians (up to 1830), who practiced in the city. Of many names, between 1700 and 1800, the one perhaps most outstanding was Dr. William Hunter, who came from Scotland in 1752, and practiced in Newport for twenty-five years; was the first male accoucheur in the Colony, and gave lectures in anatomy and physiology, which are reported as the first given in medical science in New England or America.

In 1772, a Dr. Easton inoculated the first persons in Rhode Island for small pox, three in number.

Many others there were in those old days, vastly interesting in personality, as the records show, intensely earnest in their pursuit of medical knowledge, vitally concerned as to treatments, (which they evidently swapped with one another), and keenly interested in the results of these treatments.

One old letter deserves quoting, in part at least, from Thos. Hubbard of Pomfret, Ct., to Charles E. Eldredge of East Greenwich, R. I.

After calling attention to the balance of a note due—\$41.63, saying, "If it is convenient to remit it to me soon, I would take it as a favor," he goes on:

"I have made no alterations of my method of treating fevers of late, nor am I anxious to, so long as my practice continues to be so successful as it has hitherto been. If, however, you have made any improvements, I should be glad to be informed of them, as I am far from imagining that I have arrived to perfection in the healing art." And again, speaking of fever cases:

"It has frequently taken patients a number of days, before they can make up their minds to call a physician; of course much time was lost in sweating and *witching* and some such cases proved bad." The Christian Scientist, or his prototype, evidently existed in those good old days. The writer concludes, "Nor did those fare better who called in some of the very 'careful' doctors, who would

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give an emetic—I wait two or three days, then give snake root and chamomile. Now I think two-thirds of those careful doctors ought to be hanged."

It would seem that at the time of the founding of the medical society there were only four practitioners in the state who possessed degrees from a recognized college.

On Saturday, March 28, 1812, there appeared in *The Providence Gazette and County Journal* the following notice:

"Whereas the Honourable General Assembly, at the late Session in February, did pass an Act incorporating the Petitioners, Physicians and Surgeons of this State, under the Name and Style of the Rhode Island Medical Society: And Whereas, by a Clause of the said Act, I am authorized to fix the Time and Place for holding the first Meeting of the said Society: this is to give Notice, that such Meeting will be held on WEDNESDAY the 22d of April next, at 10 o'clock, A. M. at the Court-House in Providence — when and where a general Attendance of the Faculty is requested.

"A. THROOP."

In accordance with this notice, on April 22d, 1812, the first meeting of this Society was held in the Senate Chamber of the Court House, still standing at Benefit and Bowen Streets. Amos Throop, the first President, presided, and the meeting was given over entirely to the business of organization, the first literary paper not being read till September 6, 1812, when the 2d meeting was held in Newport.

The charter had already been procured from the Legislature at the previous February session, there being 49 incorporators, including most of the well known medical men of the time in the State. Amos Throop, whose portrait hangs on the south wall of our reading room, William and Pardon Bowen, descendants of old Jabez, Charles Eldridge, Caleb Fiske, of whom we shall speak later, and many others who have gone to the making of our State history, medical and otherwise, were at that memorable meeting. Their signatures are in the first record book, together with over 200 others who signed in the later years.

The more vital powers given to the Society in

the Act of Incorporation appear to be as follows:

First: "That the President and officers, or such members as shall be duly appointed for that purpose, shall have full power to examine candidates for the Practice of Physic and Surgery; and to give, if they see fit, the approbation of the Society, in letters testimonial under the Seal of the Society."

Second: "To hold property, real or personal, provided that the income from such real estate shall not exceed the sum of \$500 and the income of the personal estate not exceed the sum of \$1,500."

In 1887 this section was changed to allow the Society to hold real or personal property to the amount of \$100,000; which is fortunate, considering the value of our present building.

The by-laws provided, amongst other matters, that the annual meetings should alternate between Providence and Newport; that admission fees should be \$3.00 and annual tax \$1.00; that it should be forbidden to hold consultations with irregular practitioners or to use secret medicines.

Delegates to the Northern and Southern Districts were appointed, which would seem to have been the nuclei about which, later, our district societies were formed.

With such a start, and the evident purpose to make it a success, the Society progressed and soon became the vital factor in the medical life of the State. The story of its meetings, annual and semi-annual, makes interesting reading. Much business was transacted; in September, 1812, a dinner committee was first appointed and continued annually, till 1835, when it was voted, "henceforth no dinner shall be provided by the Society." This latter resolution, at some doubtful date, was again changed, I hasten to assure you.

Papers were read, discussed and appreciated, as shown by repeated entries, as follows: "Dr. Blank read a Discourse to the Society, whereupon a Committee was appointed to 'return thanks to Dr. Blank for his elegant and appropriate discourse.'" Not unlike a thanksgiving to the Almighty. The papers were often printed and distributed to the Fellows; one Dr. Turner, however, in 1816, refusing to have his printed, for reasons not stated.

The seal was acquired thus:

"The subscribers, having been appointed a com-

mittee to devise and procure a seal for the Medical Society of the State of Rhode Island beg leave to report, that, not knowing any artist in the State fully competent to execute it in a proper manner, would submit the following advice to the consideration of the Society which, if approved of by them, can be executed either in New York or Philadelphia." They then lay down the design of our seal and go on to say: "The whole to be arranged agreeably to the genius of the artist, who shall execute it, as being much better qualified to do this than your committee can be supposed to be."

Modesty was evidently a characteristic of these old worthies. The seal was procured in 1815. Fines were levied both for sins of omission and commission; failure to attend meetings cost \$1.00. However, the Society at times showed some mercy in this respect, for in 1815, we read, "that Dr. Stephen F. Griffen's excuse for not attending the Society from its institution until this time be deemed sufficient and satisfactory."

A fine of \$1.00 was levied on a member who had failed to contribute a paper for three consecutive years. Non-payment of dues was not unheard of then, as now; in 1815 it being voted, "that the Treasurer be requested to call on all delinquent members for their arrearages."

That all was not smooth sailing in those early days of the Society was evidenced by the considerable amount of time spent in offering resolutions of censure and doling out penalties for all manner of offences. One marvels, as he looks over the records, how these gentlemen (*near* neighbors they must have been in this small town and state) could have kept the peace out of meeting with so much unrest within.

In August, 1817—"Voted, that Dr. Jeremiah Wilson, be notified to attend at the next annual meeting, to assume charges for publicly advertising and sending a secret medecine for the cure of disease."

In September, 1818, said Jeremiah writes a letter, "freely apologizing, while I would acknowledge the obligations I am under to my medical friends"—and that under "a promise of future circumspection, this first departure, might be viewed with extenuated chastisement—and that they will make every allowance for youthful ambition under narrowed circumstances."

Within a few years the Censors became the examining and licensing body for prospective practitioners, and in 1831, we read "it shall be deemed disreputable and shall be unlawful for any fellow or licentiate of this Society to advise or consult directly or indirectly with any person whatever—until he shall have been examined and approved by the Censors of this Society." It was added, "\$10.00 fine for each and every offence, loss of vote for two years and liable to reprimand," these penalties perhaps in descending ratio of severity. Also the Censor was liable to a fine of \$10.00 for failure to investigate a case.

Later, about 1850, there was much discussion, evidently at times somewhat vitriolic, upon the question of consultation with the Homeopaths and Eclectics, one Dr. Holmes getting into a peck of trouble, as he was Vice-President of the Eclectic Society and also a Fellow of the Rhode Island.

So affairs prospered; a number of widely known physicians were put on the honorary list of members from time to time, among them being Philip S. Physic, Philadelphia; George McLellan, Philadelphia; George C. Shattuck, Boston; James Jackson, Boston; Jacob Bigelow, Boston; George B. Wood, Philadelphia.

In 1835, an important event occurred—Dr. Caleb Fiske, a former President of the Society (1823-24) died and left, in his will, a bequest of \$2,000, the income of which was to be devoted to the establishment of an annual prize for the best essay upon a subject to be chosen by the trustees of the fund, and given out at the annual meeting of the preceding year. The trustees were to be the President and two Vice-Presidents of the Society; the further details of the deed of trust are too complicated to discuss here.

These prizes, and subjects chosen, you hear announced at each annual meeting, as have your predecessors now for ninety years past. Many notable essays have been written and many honored names from without and within the State have appeared on the list of prize winners, of whom, none is more prominent nor valued in our eyes than that of Charles V. Chapin, who appears six times as a winner. The essays, unsigned but designated by motto, are read by the trustees, the winner's name taken from the accompanying envelope, and the other envelopes destroyed unopened by the Secretary in the presence of the

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trustees; veritably, a dark secret. The Society is and should be proud of the Caleb Fiske Fund, and feels that the prophecy or hope, expressed by Dr. Usher Parsons, in 1840, has been amply fulfilled. He says, "Medical literature has received but few contributions in Rhode Island. It is, however, believed that the fund for awarding premiums, generously bequeathed by Dr. Caleb Fiske, will call into exercise the medical talent of the younger members of the profession, and rapidly advance the cause of medical science and literature in the State."

In 1891 a fund was established by the bequest of Dr. Chase Wiggin for the following purpose:

A portion of the income of the fund to be paid for the best essay upon one of the following subjects:

"First, the nature of alcoholic or intoxicating drinks and their evil effects on the human system.

"Second, tobacco and its evil effects, in all its forms, on those who habitually use it, and

"Third, the use of tea and coffee as drinks."

These subjects were to be presented in succeeding years, and, as may be surmised, have brought forth but few essays in the forty-four years of the fund's existence.

I purposely omit details of our Society in its later years; time and your patience will not permit of such discussion, and, moreover, it was the temper and character of the very early members, especially of the founders, that I wished most to emphasize; to paint a hasty picture of their keenness, their sincerity and enthusiasm, their jealousy for the good name of the profession and, above all, of their manifest desire to progress in their chosen work of caring for the ills of the community. To one who reads the tale, the impression is given that these men knew what they wanted, went after it and got it, and that what they wanted and got was, for the most part, good for themselves, their profession and their State. I leave to each one of you what lessons may be drawn from this early outline of the Society's activities, with its type of strong men who have gone, in part at least, to the making of ourselves.

Medical education, as medical literature, in Rhode Island has been noticeable chiefly by its absence. The Brown Medical School, ably described by several of the older writers, and especially, in 1915, by Prof. Fred. P. Gorham before this So-

ciety, was cleverly outlined last January by Dr. Van Benschoten in his admirable Presidential Address to the Providence Medical Association. I would refer you to these papers, as well worth the reading. In them, the suggestion is made of reviving the old institution, though curiously enough, in this materialistic age, none take notice of the possible financial difficulties involved in such action.

The school began in 1811 and, after a more or less successful existence, terminated rather suddenly in 1827. The rather peculiar cause of its demise lay in the following resolution, undoubtedly inspired by Rev. Francis Wayland, Jr., then recently elected President of Brown University, and passed by the Corporation.

I. "Whereas, it is deemed essential to an efficient course of instruction, and to the administration of discipline in this University, that all its officers be actual residents within the wall of the College; therefore,

"Resolved, That no salary or other compensations be paid to any Professor, Tutor or other officer, who shall not during the course of each and every term occupy a room in one of the colleges (to be designated by the President) and assiduously devote himself to the preservation of order and the instruction of the students, or the performance of such other duty as may belong to his Station."

These were impossible conditions to be fulfilled by busy men, physicians or otherwise, and the medical faculty of four members proceeded to dissolve into thin air.

Thus was lost to us, so long ago, the most favorable factor for local medical education.

From time to time the suggestion has been made, as I have said, again to establish a medical school at Brown, which suggestion may prove a reality of the future; *distant as it would seem to be today*. The question of medical education is, at present, a vital one. Dr. William Pusey's recent articles have called the facts before us and the problem involved in no uncertain terms. He refers to Rhode Island as a State in which, due to our small size, the question of the supply of country practitioners does not enter. Perhaps, for once, being the smallest of the family is an advantage. Yet in spite of this, we cannot afford to neglect the matter of raising our own equipment

and medical standards. The schools of the country, in the past few years, have been reduced from 160 to 80, which we take to mean that the *poor* schools have been cut out. To supply the country's demands, in the next one or two generations, it would seem likely and is suggested by many with authority to speak, that again the number of schools must be increased, not of inferior grade, but good schools of shorter and more practical curriculum, and so less expensive than the present great ones which have survived the official storm. May Brown some day have such a school, who knows? We leave it, for the present, in the hands of the gods of medical education.

Now let us for a moment look at medical education not from the under-graduate standpoint, but from a slightly different slant, i. e. that such education really *begins*, not ends, when a student receives his degree of M.D.

Here is a matter for us individually to consider; that, so long as our active life continues, we never cease to be students, each and every one of us. As President Lowell of Harvard has said recently, "For, mark you, all enduring education is self-education."

From the viewpoint of this Society, the problem is the same; to help educate. Again to quote Dr. Pusey, speaking to the American Medical Association, "The efforts of this Association shall all be dedicated to the welfare and development in training and character of these men engaged in the work-a-day duties of caring for the sick."

Surely this applies to most of us; of 900 physicians in Rhode Island, 100 only can be considered specialists, and the rest general practitioners, engaged in the "work-a-day duties of caring for the sick."

Do we practice self-education well up to the limit of our abilities; do we keep up with the literature; do we come in touch with our fellows at meetings and "swap prescriptions," as suggested in the old letter; do we take occasional courses in Boston or elsewhere, or even look to our own hospitals for inspiration, whether on the staff or not; do we sincerely try to improve and progress, in order that we may be alert in diagnosis, thorough in examination, as well as wise and modern in our treatment of the common diseases as they present themselves, or are we "imagining that we have arrived at perfection in the healing art," and

do we waste much valuable time complaining perchance of the inroads of Osteopaths, Chiropractors and Christian Scientists, which could be more profitably spent in perfecting our own skill and efficiency?

If, in fact, individually and collectively, we are not seeking the path of progress by every means at hand, suppose we do so, turning at once to a very apparent means to this end and one long neglected in our midst.

The vast clinical material in our many hospitals, City, St. Joseph's, Rhode Island, Butler, Lying-In, Memorial, and others (representing 1200-1500 beds) is not and never has been properly utilized for the instruction, benefit, medical upkeep, one may say, of the physicians of the city and State.

Can it be so utilized, is the question. Can the hospital organizations get into mutual contact, as well as in accord with the doctors not connected with the hospitals, and work out some plan for "clinical conferences" to be held at the various institutions, to be attended by every physician in good standing, with or without hospital connection and to result, as, if successful, it surely will, in general benefit to all concerned? I believe the answer to this question is, yes; if only a sincere desire is present to accomplish such a purpose.

Feeble efforts to this end, limited to individual hospitals, have been made in the past, without marked success. The effort must be more than feeble, the young men must take a part, the will to win must be present and the people concerned must represent the whole medical profession of Rhode Island or there can be no good results.

The benefits to accrue from some well formulated plan to use our clinical material to best advantage are many and far reaching.

Staff members, who conduct the conferences, must work up their cases better than at present, and, in presenting them, will acquire something of the art of clinical teaching, thereby raising the standard of our hospitals as schools for internes, and thus assure us of a constant supply of high grade men for this service.

The physician not associated with the hospital staff must derive great profit from a study of varied clinical material, handled in the most recent and scientific way. What he sees and hears will be practical; what he takes away will be in-

creased enthusiasm and alertness for the vigorous and correct handling of his own practice.

The hospitals themselves, moreover, by thus opening their doors, in a way, to the whole medical profession, will fulfill, far better than at present, their obligation to the community. For, as Dr. George H. Meeker, Dean of the University of Pennsylvania Graduate School of Medicine, puts it, "A hospital has various normal functions. Among these the most important is the widening of medical knowledge, by service as local centres of clinical education and investigation."

Finally, a visiting staff that teaches, a better grade of internes, together with the stimulating and suggestive influence of outside medical men, cannot fail to benefit the hospital patient.

I do not offer, nor do I believe it yet possible to offer a definite program for this plan. That must be done through a chosen group, representing all concerned. We may conceive broadly of a weekly conference, of an hour or more, beginning, perhaps, at the City Hospital, presided over by one or more of its staff, and continuing for a month. This to be followed by like conferences at St. Joseph's, let us say, on surgery, with cases operated upon or demonstrated; another in medicine at the Rhode Island and so on through the list, the series lasting through the winter season; those men, seemingly most competent, to conduct the conferences; any or all of us to be the participants. As one man, a true leader in our medical community, said, discussing this matter, "If there is a patient, a demonstrator and a listener, there is a clinic, and that is worth while."

To work out such a program in an efficient and practical way, to present it effectively and convincingly to the physicians of the State, and to push it through to acceptance and trial, we must realize, will be a big undertaking.

Many of us "can find no time," or think we cannot. It is the busy man who finds time, or often makes it. We realize the necessity of keeping our physical equipment fit; is there any less reason for holding our mental equipment to its highest level?

Should this or some other plan for clinical conferences be initiated we may perhaps hope for the sympathetic co-operation in one form or another of Brown University, thereby adding great

potential as well as practical strength to such an educational effort.

This small State, where short distances tend to bring our medical men within easy reach of the hospitals, is surely an ideal place for establishing medical extension work of the nature indicated.

So I urge, let it be tried. If it begin in a small way and is well done I feel sure it will grow. Medical university extension work is springing up in various parts of the country. It should begin *here and now*, and if not now, with the *present* members of this Rhode Island Medical Society, assuredly it will soon develop, with our immediate successors. Let us not live to find that the group which follows (yes, some even now with us) is more earnest, alive and progressive than we.

If such a plan is carried out, general medical practice in Rhode Island will improve. Moreover, at some future day, if Brown University is called upon to establish a medical school (well equipped as she now is from the laboratory viewpoint), there will then be found, here at her doors, a group of men able to take their part in the great division of clinical teaching.

THE HEART AND ITS MANAGEMENT IN MYXEDEMA.*

BY HENRY A. CHRISTIAN, M.D.,
BOSTON, MASS.

A recent paper by George Fahr entitled "Myxedema Heart" (Jour. Am. Med. Assoc., 1925, LXXXIV, 345-349), followed shortly thereafter by the clinical study of a patient at the Peter Bent Brigham Hospital with well marked myxedema and cardiac symptoms, has aroused my interest in the circulatory phenomena of hypothyroidism (myxedema). Fahr's paper ends with certain conclusions, one of which concerns therapeutics. This is as follows: "In myxedema there are definite objective signs as well as subjective symptoms of heart failure which may be present for many years and which do not respond completely to the therapy of rest and digitalis but which are cured by thyroid medication." The last part of this sentence naturally might lead to the quite general use of active thyroid medication for cardiac disturbances in patients with myxedema.

*Read before the Rhode Island Medical Society at the annual meeting June 4th, 1925.

My own experience, emphasized by the recent clinical experience referred to, is that such an attitude in all probability would result in doing very considerable damage to some patients with myxedema, particularly if the failure to secure improvement from rest and digitalis had not been demonstrated by trial.

There seems to exist evidence, as pointed out by Fahr and others, that deficient thyroid activity may cause injurious changes in the heart muscle, but in addition it is true that with an existing cardiac lesion, which may be either coincidental or caused by thyroid hypofunction, the decreased activity of so many body functions, as happens in myxedema, serves as a conservative force so far as the circulation is concerned. To put it another way, the damaged heart, whether the damage has been caused by deficient thyroid activity or not, has less work to do so long as thyroid activity is considerably below a normal level and, when metabolic activity is raised by feeding thyroid substance, immediately a greatly increased burden is thrown upon the circulation. What happens will depend in large measure on whether thyroid therapy at the same time, as it increases metabolic activity, restores the disabled heart to normal function, and whether the increase in metabolic activity does not take place more rapidly than the disappearance of the cardiac lesion. There is an additional factor in many patients with myxedema that is a burden on circulatory efficiency, namely, the anemia. Until the anemia is largely corrected, a much greater cardiac output will be needed to maintain a given metabolic activity because of the lack of oxygen carrying capacity of the blood caused by the anemia. It is the interplay of these three factors, metabolic activity, cardiac efficiency, and anemia that has interested me in patients with myxedema.

In my own clinical experience cases, as described by Fahr, have not occurred. In Fahr's cases it would seem that thyroid deficiency, besides reducing basal metabolism and causing the usual symptoms and signs of myxedema, had caused a marked myocardial disturbance leading to cardiac dilatation, in one patient to dilatation to an extremely marked degree. This myocardial disturbance had the further peculiarity in being a lesion which was rapidly restored to normal, so

far as cardiac size and function indicate, following the ingestion of thyroid gland substance. Such a change in a heart, as pictured in Fahr's case No. 1, I have never observed in any form of cardiac disease.

My own cases of myxedema, observed at the Peter Bent Brigham Hospital, number 32 in which the clinical picture of myxedema has been a marked one and the basal metabolic rate much reduced. (I have purposely excluded all cases with slighter degrees of myxedema and those which, though clinically typical, had no determination of basal metabolic rate. In the latter, however, none showed any cardiac disturbance analogous to what Fahr has described.) In none of this group at the Peter Bent Brigham Hospital was the heart notably enlarged in the way described by Fahr. On the contrary, in one, that died following circulatory failure and was autopsied, the heart was very moderately enlarged, but there was present a quite marked fibrous myocarditis. This case is worthy of report because the interesting interplay between metabolic activity, cardiac efficiency and anemia, already referred to, was noted:

M. H. B., female, aged 50, Med. No. 25,374, was admitted to the Peter Bent Brigham Hospital February 17, 1925. The past and family history are essentially negative. About four years ago she began to have some pain in her chest and this had been much worse since the spring of 1924. This is described as a severe constricting pain as if it were drawing and twisting everything inside of the chest. It radiated to her back between the shoulder blades and down her left arm. It was brought on by exercise, such as walking or light housework, and was promptly relieved by rest or small white pills, which she put under her tongue. This pain in the last ten months was brought on by such slight exercise that she had required practically complete bed rest. Notwithstanding this there has been marked dyspnea which comes periodically. She has noticed in the last ten months that her eyes and face have been swollen, that this was particularly marked in the morning. There has also been swelling of her arms, feet, legs and abdomen. The entire skin has had a rather pale, pasty color. She has also noticed great susceptibility to cold, impaired memory, loss of hair, decreased sweating, and slowness of speech.

Physical examination showed a slightly lemon tinted, pale skin surface, drier than normal. The skin over the cheeks was definitely thickened, but did not pit on pressure. The eyes were puffy, especially the lower lids, and the lids seemed thickened. The conjunctivae were slightly edematous. The eye brows were slightly thin, the mucous membrane of the mouth and lips paler than normal, the speech slow and rather thick. The area of cardiac dull-

ness measured 3.5 cm. to the right of the mid-sternal line, 9.5 cm. to the left. The rate was rather slow, the rhythm regular, the sounds slightly tick-tack in quality, but otherwise normal. The liver and spleen edges were not felt. The abdomen was full and tympanitic throughout. The blood pressure was systolic 135, diastolic 110. The hemoglobin averaged about 45% in several examinations and the red cell count about 2,000,000. The urine showed the slightest possible trace of albumin, with many white cells in the sediment and no casts. The phthalein excretion was 40—44% in two hours and ten minutes. The blood urea nitrogen was 16 mgm. per 100 cc. of blood. The blood Wasserman reaction was negative. The basal metabolism on February 19th was —25, on February 20th —32. This patient presented the definite picture of myxedema with a typical history of angina and cardiac insufficiency.

On February 20th she was given thyroid extract, 0.13 gms. four times a day, and this was repeated on the 21st and 22nd and discontinued at 4 P. M. on February 23rd. This produced a marked change in her general appearance. She seemed much more alert and active. Her speech quickened, her cheeks became softer, her face less expressionless. However, on the 23rd her pulse became rapid (120), very weak and thready, and the heart sounds much fainter. It was believed that the increased metabolism from the thyroid medication had proved too great a burden on her circulation and it was discontinued; on February 26th she was begun on digitalis leaves, 0.1 gm. three times a day. The pulse rate, which had quickened from an average of about 85 to 120 under thyroid medication, gradually returned to a lower level and on March 7th was again at 80. The day before this her metabolism was found to —6. On March 6th she was given two doses of thyroid extract, each 0.065 gms. Her general condition seemed to be improving. On March 10th her metabolism had dropped to —12 and thyroid was resumed in a dose of 0.065 gms. a day. On March 13th she complained of lack of appetite and vomited after eating her evening meal. The next morning, March 14th, she seemed quite well, and about noon time was alert and happy. Shortly before 2 o'clock she became pulseless, frothed at the mouth and died.

Autopsy showed a heart that weighed 450 gms. The coronary arteries were easily felt, tortuous, in places definitely calcified. The heart valves were normal. The heart muscle in general was pale, reddish brown in color, flabby, with small yellowish gray areas, scattered irregularly throughout it. Microscopically the muscle fibers were seen to be largely replaced by a loose network of connective tissue, in places with fairly definite scar tissue. There were also many small areas of acute coagulation necrosis. The kidneys were about normal in size and in appearance. Histologically there was little evidence of any lesion. The thyroid was small, firm, apparently sclerosed. Sections showed many rather poorly defined acini, varying somewhat in size, filled with varying quantities of colloid, cast off epithelial cells and serous precipitate. There were many large areas of scar tissue,

densely infiltrated with round cells. In general the number of the functioning acini were greatly reduced.

Though in this patient there is no evidence of just what caused the myocarditis, it is probable that the coronary sclerosis played an important causative role rather than did the myxedema. Even granting that the myxedema was the cause, it is unlikely that the artificial restoration of the lacking thyroid substance would have led to disappearance of the fibrous tissue found in the myocardium of this patient with restoration of damaged muscle fibers so that the heart again would function in a normal way. In other words, in a patient with fibrous myocarditis, it is unlikely that thyroid gland substance could improve heart function very greatly. On the other hand, one would expect the thyroid to increase metabolic rate and thereby throw an added burden on the damaged circulation. This is what happened in the above patient.

The anemia of myxedema, in my experience, disappears under thyroid medication, but it disappears slowly. Consequently it would take some time before the anemia factor in the circulatory burden was improved. From the above, it would seem that in the cardiac disturbances of myxedema one should go very cautiously in thyroid medication so as to raise the metabolic rate very slowly, and at the same time carry out the forms of cardiac therapy appropriate to any form of cardiac insufficiency, namely, rest and digitalis. In addition, I believe it would be well to correct the anemia by an early transfusion of blood, if the anemia was severe, thereby removing one factor disturbing circulatory function. My experience is, that there are certain patients, who may continue to live as long as some degree of myxedema remains, but whose circulation is unequal to the task required of it, if the patient receives sufficient thyroid to give a normal basal metabolic rate. In other words, with this type of patient one might easily cure the myxedema but kill the patient by reason of circulatory failure. Hence, thyroid should be given in small doses, and the effect watched very closely. Of course the myocardial lesion of a myxedema patient may not have been caused by thyroid deficiency but be only a coincident lesion. Here the probability of circulatory improvement from thyroid medication

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EDITORIALS

POST-GRADUATE TEACHING IN RHODE ISLAND.

The establishment of a medical school in Rhode Island as suggested in the annual address of the last president of the Providence Medical Association impresses one who gives it serious thought as an undertaking which, if properly carried out, would be of the greatest value to the people and profession of our state but at the same time as an undertaking of tremendous magnitude. The acquisition of laboratory buildings and equipment and an adequate personnel for the teaching of the

so called pre-clinical subjects involves a very great expense in the present stage of development of medical teaching. There is, however, a type of instruction which is even more needed than that offered to the medical undergraduate; namely, teaching of practitioners,—post-graduate instruction. The number of active practitioners both in the city and in the country districts who can attend the clinics of the larger medical centers outside the state is very small, yet no practising physician can afford to be without such contacts. Post-graduate instruction, that which is needed by the practitioner, is entirely clinical. The material and equipment for such teaching already exists in our larger

hospitals. Among the visiting physicians and surgeons of these hospitals are many men well fitted by nature and training to be admirable teachers of the various clinical branches. That there would be a hearty response on the part of the medical men of the state, if attractive and carefully planned post-graduate work was made available to them, cannot be doubted. To put such work into actual operation the only thing lacking is organization.

THE WASHINGTON PLAN.

It is an appropriate time to call the attention of the medical profession of Rhode Island to the organization that has been established in the State of Washington under the name of the Public Health League. In the membership of this league are represented not only the medical and nursing profession but the dentists of the state, and various other organizations whose work is related to public health. A full time secretary is employed who keeps run of all legislation which is related to matters affecting sanitation, medical practice and the like. It is reported that the work of this league, due especially to the efforts of its efficient secretary, has been of the greatest value in preventing the enactment of objectionable legislation and in suggesting and aiding in the passage of intelligent and valuable measures. Among other things an act to legalize the activities of a group called "Sanipractors" was defeated through the efforts of the league. The need for such an organization in Rhode Island is obvious.

THE ATTORNEY GENERAL MOVES.

The last session of the State Legislature closed failing to pass the amendment to the Workmen's Compensation Act, providing more liberal remuneration to the physician in prolonged accident cases, and also the so-called Chiropractor Bill, legalizing practitioners of this cult to treat the sick in Rhode Island. Doubtless this was due to refusal to "trade" on the part of the proponents of the first act with those who sought to give legal status to the chiropractors. While by this failure, the physicians on the one hand are in some cases deprived of adequate compensation for services rendered, on the other hand, the public health and safety is protected for at least another year from

the activities of this type of "healer." This latter relief is, however, bound to be only short-lived, as assuredly further attempts to pass a chiropractor act will be pushed with the zeal and vigor that has heretofore characterized previous bills of like nature.

The only way in which legalization of the chiropractor can be accomplished is by a court decision based upon the Medical Practice Art declaring such practitioners to be outside the law. It is, therefore, a matter of congratulation that the attorney general's office has declared itself anxious to bring before the higher courts a case of a chiropractor who appealed a decision adverse to him.

We believe that a proper interpretation of the law will place the ban upon these individuals and we further believe that the help and resources of every legally authorized physician and of the medical societies of the state are at the disposal of the Attorney General in bringing to early trial such a case for final determination.

A CORRECTION.

Drs. E. S. Brackett and B. H. Buxton have become associated in the practice of gynecology and obstetrics.

It is to correct a misstatement that they were engaged in respective and separate practice as it appeared in the June issue of the JOURNAL that the foregoing is inserted. [Ed.]

THE HEART AND ITS MANAGEMENT IN MYXEDEMA

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would be almost nil and the reason for caution in giving thyroid be even greater.

I have seen several patients with well marked myxedema who at the same time had hypertension with or without nephritis and the form of cardiac failure so frequently encountered in this group of patients. It is hard to believe that in these there was any causal relation between the thyroid hypofunction and hypertension. On the contrary one would rather expect a lowered or normal blood pressure with hypofunction of the thyroid and an elevated pressure with hyperfunction of the gland. My feeling is that the myxedema and hypertension were merely coincidental conditions and that the hypertension bore a causal relationship to the

cardiac and renal lesions, such as is found in hypertension without myxedema. The following case that died showed at autopsy renal and cardiac lesions consistent with this idea.

H. N. P., female, aged 50, Med. No. 25,100, was admitted to the Peter Bent Brigham Hospital January 5, 1925. Family and past history essentially negative. Present illness appears to have begun about three years ago with an attack of dizziness, after which she became fatigued easily and had an increasing shortness of breath on exertion. About five months ago her eye sight became poor and she soon found that she could read only with difficulty. Her fatigue and shortness of breath became more marked, she began to have occasional attacks of nausea and she had to get up two to three times at night to pass her water. A little over three months ago she consulted a physician who told her that her blood pressure was 230. Quite recently she has noticed that her legs became swollen and this is most marked at night.

On admission to the hospital the important findings were a shallow, regular, rather rapid respiration, a heart moderately enlarged to percussion, the right border being at the right sternal margin and the left border of dullness 12 cm. from the mid-sternal line. The heart rhythm was regular, rate 80, sounds rather poor in quality and distant, with a rough blowing systolic murmur heard all over the precordium, best at the base. The blood pressure was systolic 200, diastolic 105. There was slight tenderness in the epigastrum and resistance suggesting a moderately enlarged liver, though an obese abdomen made palpation unsatisfactory. There was pitting edema of the lower legs. Her mucous membranes were pale, as was her skin, which had a slightly yellowish color. Her hair was coarse; her speech slow and deep. Her urine showed a slight amount of albumin, numerous white cells, a moderate number of casts, hyaline, brown granular and waxy in character. Her hemoglobin on several estimates averaged 35% and the red blood cells averaged 2,500,000. There was a moderate leucocytosis. The blood Wassermann reaction was negative. The renal function was decreased, the 'phthalein being a trace and the blood urea nitrogen being 43 mgm. per 100 cc. on admission and rising later to 71 mgm. The clinical diagnosis was hypertension with chronic nephritis, chronic myocarditis and myxedema.

This patient received no thyroid therapy, though the condition was regarded as in part due to myxedema, believing that an increase in metabolism would be a great burden on the circulation, and that a lowered renal function might result and that be a serious condition, inasmuch as the patient already had a low renal function, and since admission had been rather stuporous. This stupor gradually increased, some muscle twitchings were noticed and it was thought that uremia was developing as further evidence of serious renal damage.

Autopsy confirmed these clinical findings. The heart was moderately enlarged, weighing 440 gms.; the valves were normal; the heart muscle was deep red in color and firm. Microscopically connective tissue was somewhat in-

creased in places in the myocardium. The coronary arteries, though normal in appearance in the gross, histologically showed thickening of the intima with degenerative changes markedly narrowing the lumina of the smaller branches. The kidneys were small, weighing 55 and 60 gms. respectively, were reddish and coarsely granular. The cortex was thin. Microscopically they showed marked sclerosis of the blood vessels, the glomeruli in varying stages of sclerotic change and dilated tubules having flattened epithelium and containing many hyaline casts. There were numerous areas of connective tissue increase. The thyroid was distinctly small, pale in color and the cut surface seemed fibrous. Microscopic examination showed small, atrophic acini containing very little or no colloid and an excess of connective tissue with a considerable round cell infiltration. The thyroid blood vessels shown in the sections were markedly sclerosed.

In this patient it seems to me to be evident that, at the stage when she was first seen, any increase in metabolic activity, brought about by thyroid dosage, would have put a serious additional burden on the heart and the thyroid medication possibly would have depressed renal function, as was observed in a few patients with chronic nephritis without thyroid disease, who a few years ago were given thyroid gland substance, because it had been recommended as a therapeutic measure likely to benefit chronic nephritis. For these reasons thyroid dosage seemed contraindicated.

In another patient with myxedema and hypertension in whom cardiac and renal function were excellent, thyroid gland by mouth dosage cured the myxedema but caused relatively little change in the hypertension so far as diastolic pressure was concerned, although the systolic fell. This often occurs with rest in the hospital and may have no direct relation to the thyroid medication. Her history follows.

E. M. S., female, age 67, Med. No. 17,546, was admitted to the Peter Bent Brigham Hospital on January 7, 1922. The family history and past history are essentially negative up to 1916, when she developed symptoms of arthritis and X-ray showed marked hypertrophic changes in both knees. Since that time she has had recurrent pain in the lumbar region and knees, and five days before admission this became so marked that it brought her to the hospital. In 1916 her blood pressure was systolic 195 and diastolic 140. In 1917 it was systolic 205 and diastolic 130.

Physical examination on admission to the hospital showed a somewhat dry skin, slightly puffy eye lids, very little hair in the axillae, marked hypertrophic arthritic changes shown by X-ray in the lumbar vertebrae, a urine with the slightest possible trace of albumin and a few casts, a hemoglobin of 96%, red blood count of 4,228,000 and a negative blood Wassermann reaction, a 'phthalein

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output of 41% in two hours and ten minutes, and on January 11th a basal metabolic rate of -26. On admission to the hospital her blood pressure was systolic 144, diastolic 92. She was placed on thyroid medication and on January 19th her basal metabolic rate was -5, the blood pressure was systolic 154 and diastolic 98. On January 28th her blood pressure was systolic 132 and diastolic 84. On February 3rd her basal metabolic rate was +4.

Further evidence of lack of relation between thyroid hypofunction and the hypertension type of circulatory disturbance is offered by a patient, now under observation, who some years ago was cured of myxedema by taking thyroid gland substance and yet while showing no evidence of either hypo- or hyperfunction of the thyroid, has developed a marked degree of hypertension with symptoms from this as shown by her history.

C. M. O'N., female, age 50, Med. No. 13,295, was admitted to the Peter Bent Brigham Hospital on April 6, 1920. Her family and past history are negative except for probable pneumonia at 11, attacks 8 to 10 years ago of what was called rheumatism, which was cured by extraction of her teeth, and several attacks of tonsillitis. About 15 years ago she noticed that she was growing weak, began to tire easily and on one occasion fainted. She was put to bed for six months, after which she recovered her strength to a certain degree but has not been entirely normal. A year ago she became very much worse and during the last few weeks she has become very weak.

Physical examination showed slowness of speech, slowness in answering questions, slightly thick skin, rather coarse, scanty hair, thin eye brows and almost absent pubic and axillary hair. The heart was normal in size, rate, rhythm and sounds. The general physical examination was negative. The blood pressure was systolic 118 and diastolic 65. Her urine and blood were negative. The blood Wassermann reaction was negative. Her basal metabolism on April 7th was -38. She was placed on thyroid medication and on May 4th her metabolism was normal and her symptoms and signs of myxedema had very largely disappeared or greatly improved. For several months she continued to take thyroid extract as advised, during which period she felt well. Then on the advice of her friends she discontinued the thyroid, her symptoms largely returned; on March 1, 1923, the basal metabolic rate was -20. She was placed on thyroid extract which was continued with more or less regularity and her condition remained quite good.

On March 29, 1924, she returned as the result of a follow-up letter and at this time her blood pressure was found to be 170 systolic and 90 diastolic. On February 4th she had a basal metabolic rate of -8 and her blood pressure was 230 systolic and 120 diastolic. In January, 1925, she began to have severe headaches of a throbbing character, and on account of this she was readmitted to the hospital on May 18, 1925, when examination showed no evidence of myxedema except scant pubic and axillary

hair and slight dryness of the skin. The heart was very slightly enlarged. The blood pressure was 220 systolic and 100 diastolic. On May 20th her basal metabolic rate was +6, thyroid was discontinued and the metabolic rate by May 26th had dropped to -22, without any appreciable change in her hypertension.

So far as this group goes some will be greatly improved by giving thyroid gland substance because the myxedema symptom complex will be cured. In others it cannot be given in sufficient dosage to improve greatly the myxedema symptoms, because the circulation is inadequate for the increased work incident to a more normal metabolism, as occurs after thyroid ingestion. In either event the circulatory disturbance of this type definitely seems to be unbefitted by thyroid therapy and if it is to be helped it must be treated without relation to the coincident myxedema.

Certain cardiac lesions could not conceivably have any relation to thyroid function. Such are the valve lesions, as mitral and aortic stenosis, etc. It is interesting to speculate how such cardiac lesions in the patient with coincident myxedema would react to thyroid medication. I have had opportunity to observe one patient with myxedema and mitral stenosis and another with myxedema and aortic insufficiency. Their histories follow.

M. E. H., female, age 44, Med. No. 19,975, was admitted to the Peter Bent Brigham Hospital, November 29, 1922. In her past history she had tonsillitis 11 years ago with subsequent repeated attacks. Eight years ago she had rheumatic fever with multiple joint involvement. Her present illness began three years ago when she began to feel very miserable and heavy. Her features became coarse. Her face was swollen so that her eyes were almost closed. Her speech became slow and thick, her tongue thickened and she was unable to think rapidly. Her feet and ankles were swollen. Her skin was dry and scaling much of the time. Her hair became coarse; that on her arms and in her axillae fell out. Two years ago she developed several abscessed teeth and these were extracted. For three years she had been complaining of shortness of breath. About two months ago this disappeared. Recently she has had an acute cold.

Physical examination showed a woman with a rather pasty complexion, complaining of pain in her right arm and leg when moved. The axillary hair and the hair on her arms were absent. The hair on the head seemed normal. The voice was slightly thickened and coarse. The skin in general was pale, slightly drier and coarser than normal. The right knee and both ankles were tender, swollen and reddened. The heart dullness measured 4 cm. to the right and 12.5 to the left of the mid-sternal line. The first sound at the apex was accentuated and

preceded by a presystolic murmur and accompanied by a blowing systolic murmur. The pulmonic second sound was accentuated. The rest of the physical examination was negative. The blood Wassermann reaction was negative. The urine was negative. The hemoglobin was 60%, the red cell count 3,950,000 and the basal metabolism on December 7th was —22. On December 12th she was placed on thyroid extract which was varied in dosage. On December 19th her basal metabolism was —5 and her symptoms had largely disappeared. She was allowed to go home on her request and continued thyroid medication at home. *Diagnosis:* Mitral stenosis and myxedema.

On December 14, 1923, her physician wrote that she had had an excellent year and was able to do her own house-work and care for her sick husband. He said that she showed practically no symptoms or signs of myxedema and had continued to take thyroid gland substance.

M. J. S., female, age 53, Med. No. 11,260, was admitted to the Peter Bent Brigham Hospital June 12, 1919. The past history showed chorea at 14 years of age but there was no history of rheumatism or tonsillitis. The present illness began about five years ago with dyspnea on climbing one flight of steps and a feeling of exhaustion. The exhaustion has been intermittent, lasting for a few months at a time. Occasionally swelling of the ankles has been noticed after being up on her feet, and at one time she noticed puffiness of her eye lids. About a week ago she began to feel very exhausted after a spell of hot weather, and says she felt unable to talk or think but wanted to sleep most of the time.

Physical examination showed a patient who was drowsy but mentally clear. The outer part of the eye brows had a moth eaten appearance. The axillary hair was missing. The speech was somewhat slowed and hesitant. The memory was poor. The skin was distinctly yellowish in tint, rather pale. The heart measured 3 cm. to the right and 13.5 cm. to the left of the mid-sternum. There was a systolic murmur at the apex and a blowing diastolic murmur at the aortic area and along the left sternal margin below the third rib. The rest of the physical examination was essentially negative. The hemoglobin was 80% and the red cell count 3,500,000. The urine showed the slightest possible trace of albumin and numerous to many hyaline and granular casts. The 'phthalein excretion was 54% in two hours and ten minutes, the blood urea nitrogen 17 mgm. per 100 cc. of blood. The metabolism on June 14th was —33. The blood Wassermann reaction was negative. On June 15th she was put on thyroid extract, 0.13 gms. three times a day. On June 25th this was changed to 0.26 gms. twice a day. On July 2nd this dose was reduced to 0.13 gms. twice a day. By July 7th her metabolism was —5 and she was feeling very much better in every way. During treatment there was no evidence of any circulatory disturbance in the way of signs of cardiac insufficiency. *Diagnosis:* Aortic insufficiency and myxedema.

In each of these patients their cardiac reserve seemed entirely adequate to take care of the increased work incident to restoration to normal

metabolic activity and so they were much better when freed of myxedema. Had they been in a state of decompensation, digitalis and other measures, usually utilized in treating cardiac decompensation, would have been indicated. When these were effective, then thyroid gland should be given with caution on much the same general principles as is used in allowing exercise to a cardiac patient, for the effect on the heart of thyroid and exercise would be essentially the same. In other words, some patients with myxedema and cardiac valve disease can be cured of myxedema without needing any cardiac therapy; others can have their myxedema treated with safety only after preliminary cardiac therapy; still others must remain myxedematous, the myxedema serving as a protective mechanism on the heart, the latter being unable to carry on the added work of a state approaching a normal metabolic activity.

Angina pectoris in a patient with myxedema is another interesting problem of therapeutics. Will thyroid medication in some way improve cardiac activity or coronary circulation and so make the patient freer from anginal attacks? Or will the increased metabolic activity act as does exercise and increase the frequency and severity of anginal attacks? In the patient, M. H. B., already described, thyroid did not act to cause anginal attacks in the short time of our thyroid medication unless one should say that the fatal issue was caused by angina. However, there was no pain; the heart at autopsy showed small areas of infarction; and death was more like one due to acute cardiac failure. In another patient with myxedema, on the other hand, anginal attacks were caused by administering thyroid. This history follows.

M. T. M., female, age 73, Med. No. 16,907, was admitted to the Peter Bent Brigham Hospital on October 5, 1921, with a very interesting history that in 1892 and 1893 she had rapidly gained weight, lost all her hair and was diagnosed as myxedema and treated with thyroid extract, probably one of the first patients in Boston to receive this medication. The dosage at that time was uncertain and she apparently received too much with marked loss of weight but complete disappearance of her symptoms of myxedema. From that time until two or three years ago she had taken thyroid pretty steadily. The last two to three years she has taken it only intermittently because she thought it caused her to have pain in her shoulders.

The present illness, apart from the long history of treated myxedema, appears to have begun about four

years ago when she noticed weakness that prevented her from walking very much, and more recently, a sharp attack of pain under her sternum, which appears to have been relieved by nitroglycerin.

Physical examination showed a rather obese woman, with thickened dry skin, without hair on the legs, arms, abdomen or in the axilla. Eye brows and hair on the head were scanty, rather coarse in texture and the face had the coarse features and thickened skin so often seen with myxedema. Her heart seemed very moderately enlarged, the sounds rather faint and distant but otherwise normal. The blood pressure was systolic 134 and diastolic 70. Her basal metabolism on October 11th was -33. Her urine was essentially normal. Her blood showed a hemoglobin of 85% and a red cell count of 4,016,000. The phthalein excretion was 28 to 23% in two hours and ten minutes, her blood urea nitrogen 25 mgm. per 100 cc. of blood. Her blood Wassermann reaction was negative. Her electro-cardiograms showed defective intraventricular conduction, delayed A-V time and sino-auricular block. She was placed on thyroid extract, 0.13 gms. t. i. d. on October 11th with subsequent disappearance of the edematous, thickened appearance of the skin of the face. The dose of thyroid was decreased to 0.13 twice a day but in the latter part of October she began to complain of precordial pain which came on at night and disturbed her considerably. It was thought that this was of an anginal nature, perhaps the result of the increase in metabolism which had changed from -33 to -12. Her thyroid extract was decreased to one dose, of 0.13 gm. per day, and on this lower dose she was free of the pre-cordial discomfort.

From these observations, caution in administering thyroid extract to a patient who gives a history of anginal attacks is indicated. Furthermore, if anginal attacks, whether typical or atypical, develop during thyroid medication, even though there has been no antecedent history of angina, it would be wise to discontinue thyroid dosage and then begin again with smaller dosage. In other words, here again a lowered metabolic activity from thyroid deficiency may be a conservative process, a form of cardiac rest, that is advantageous to the heart, and to increase it very greatly may lead to anginal attacks. That increased thyroid activity may be a causative factor in angina is illustrated by another patient, who had a marked degree of exophthalmic goiter with high basal metabolic rate and frequent attacks of angina, so frequent that the patient purchased nitroglycerine tablets in bottles containing 1000 tablets and had used ten such bottles. Following subtotal thyroidectomy her basal metabolic rate fell to normal and anginal attacks ceased.

How common are cardiac disturbances in myxedema? In my series of 32 patients two had chronic valvular disease, five had chronic myocarditis with angina in two, two had hypertension during the myxedema and one subsequently, three others had minor cardiac disturbances, while twenty-two had no suggestion in history or physical findings of cardiac lesion.

However, if roughly one-third of these myxedema patients had evidence of cardiac lesion, whether caused by the thyroid disease or independent of it, cardiac disturbances are quite common enough with myxedema to justify consideration in their treatment and caution in increasing cardiac work, as is inevitable from giving thyroid gland substance, until one is sure that the disabled heart is capable of doing the required increment of work, or if not capable without digitalis therapy, receives digitalis in proper dosage, with other methods of cardiac treatment, prior to or during the giving of thyroid gland substance. Especially is it important to go cautiously and slowly with thyroid dosage and above all not to prescribe thyroid extract and let the patient continue it at home without medical observation, until proper dosage in relation to effects on both metabolism and circulation has been established.

I have purposely refrained from discussing the relation between hypothyroidism and cardiovascular lesions of various types because from the viewpoint of this paper that is unimportant, since in this paper my aim is to direct attention to the danger of too rapid a raising of metabolic activity by thyroid medication and so throwing too much work on a heart liable to be unable to respond to the demand. There is, however, much evidence that some at least of the cardiocirculatory lesions result from the thyroid hypofunction. The earlier stages of circulatory disturbance in the myxedema patient will be likely to be improved or even cured by thyroid medication. The late stages of circulatory disturbance probably will not be changed, because of their permanent organic nature. Between the two extremes will be patients with circulatory lesions partially remediable from thyroid medication. In the earlier stages, as just described, nothing but thyroid gland substance is needed. In the late stages it will do no good, and probably will do great damage to the circulation, and possibly be fatal. In the intermediate stages a properly

balanced treatment with digitalis and thyroid substance is indicated and may be expected to produce good results, provided the metabolic activity is not increased by thyroid dosage to a degree that throws more work on the heart than it has been prepared to meet. Some patients may be entirely freed of myxedema symptoms and remain with a well compensated heart, possibly maintained in compensation by proper dosage of digitalis. Other patients can only be partly freed of myxedema manifestations because the heart is unable to do the work needed to maintain circulation when metabolic activity is completely restored to normal. One needs to recognize these various possibilities in planning the treatment of myxedema patients having evidences of circulation deficiencies.

SUMMARY

Patients with myxedema frequently have symptoms and physical signs of circulatory insufficiency. This, whether due to thyroid hypofunction or a coincidental disturbance, must be taken into account in planning treatment, because, when thyroid is given in sufficient amount to elevate metabolic rate and cure myxedema manifestations, increased work is thrown upon the heart. This burden is increased, if anemia of marked degree is present. To meet it, the heart must be able to respond by increasing its work. To do so may require digitalis and other cardiac therapy prior to or during the giving of thyroid extract. To neglect the circulatory element in the treatment of the clinical situation may result in discomfort or disaster from circulatory failure.

SOCIETIES

RHODE ISLAND MEDICAL SOCIETY.

Meeting of the Council.

Friday, May 22, 1925.

The annual meeting of the Council was held this day at 4:15 P. M. at the Medical Library, Providence, R. I., Dr. Halsey De Wolf presiding.

The Treasurer's report as follows was read and it was voted to recommend its adoption by the House of Delegates.

In accordance with the vote at the last annual meeting of the House of Delegates Dr. Brown, Chairman of the Committee on Publication, reported upon the state of the Historian's data. He found that the material which the Historian, Dr. Leonard, had ready was not in form suitable to make an estimate as to the cost of its publication. Most of the data now ready concerns only those Fellows and Charter Members who served in the Revolutionary War. It was, therefore, voted to lay the matter on the table until a later date.

Dr. Welch moved that Dr. Crooker be paid \$5.00 from the treasury for membership fee in the Educational Council of Civic Clubs for 1925. Being duly seconded the motion was passed.

Dr. Mowry, Treasurer, called attention to the urgent need of repairs to the stack room, the expense of which would approximate about \$500.00, and also the need of repairs to the lunch-room walls.

Adjourned.

J. W. LEECH
Secretary

Treasurer's Annual Report, 1924.

Collations	\$653.55	Jan. 1. Cash on Hand January 1, 1924.....	\$1,522.23
Expenses of Secretary.....	75.00	Checks not cashed.....	35.08
Stenographer at Meetings.....	15.00	Annual Dues	3,480.00
Printing and Postage.....	104.58	Donations	1,010.00
Fuel	405.00	Ely Fund	74.00
Electricity	56.76	Harris Fund	300.00
Gas	32.73	Interest on Daily Balance.....	44.88
Telephone	65.75		
City Water	16.89		
House Supplies and Expenses.....	104.71		
House Repairs	94.90		
Librarian	1,170.00		
Substitute	141.10		
Janitor	615.00		
Journals (Ely Fund)	72.81		
Books	39.00		
Rhode Island Medical Journal.....	386.00		
Safe Deposit	5.00		
Treasurer's Bond	25.00		
Transferred to Endowment Fund (Int. Saline Elec. Co.)	60.00		
Membership Civic Club.....	10.00		
 Cash on Hand to Balance.....	 \$4,148.78 2,317.41 \$6,466.19		

Examined and found correct

HENRY E. UTTER

JOHN B. FERGUSON

Auditors

Income for 1925

Annual Dues	\$3,860.00
Interest from Harris Fund.....	300.00
Interest from Ely Fund.....	74.00
Providence Medical Association.....	450.00
Use of Building.....	100.00
From Journal	200.00
	\$4,984.00

1924.

Jan. 1. Chase Wiggin Fund By Indebtedness to Rhode Island Medical Society....	\$6,892.21	\$6,892.21
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1924.

Jan. 1. H. G. Miller Fund By Indebtedness to R. I. Med- ical Society	\$5,359.10
Interest	250.00

1924.

Jan. 1. J. W. C. Ely Fund 1 Bond So. California Edison Co.	\$980.00
Interest on same.....	50.00
8 Shares Mechanics National Bank Stock	480.00
Interest on same.....	24.00

1924.

Jan. 1. Endowment Fund Saline Electric Co. 1st Mort. 6%	\$2,000.00
Interest on same.....	120.00
Cash on Hand.....	732.86
Interest on same.....	31.60

1924.

Jan. 1. Printing Fund By Indebtedness to R. I. Med- ical Society	\$1,677.52
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1924.

Jan. 1. E. M. Harris Fund 1000 Pacific Gas & Electric Co. 1st Mort. 6%.....	\$1,000.00
Interest on same.....	60.00
2000 Southern Ill. Street & Power Co. 1st Mort. 6%..	2,000.00
Interest on same.....	120.00
2000 Ohio Service Co. 1st Mort. 6%	1,970.00
Interest on same.....	120.00

SOCIETIES

1925.

Jan. 1. Chase Wiggin Fund To Loan Rhode Island Med- ical Society	\$6,892.21	\$6,892.21
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1925.

Jan. 1. H. G. Miller Fund To Loan Rhode Island Med- ical Society	\$5,359.10
Rent H. G. Miller Room....	250.00

1925.

Jan. 1. J. W. C. Ely Fund 1 Bond So. California Edison Co.	\$980.00
8 Shares Mechanics National Bank Stock	480.00
Paid R. I. Med. Society (for Journals)	74.00

1925.

Jan. 1. Endowment Fund Cash on Hand.....	\$884.46
Saline Electric Co. 1st Mort. 6%	2,000.00

1925.

Jan. 1. Printing Fund To Loan R. I. Medical Society	\$1,677.52	\$1,677.52
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1925.

Jan. 1. E. M. Harris Fund 1000 Pacific Gas & Electric Co. 1st Mort. 6%.....	\$1,000.00
2000 Southern Ill. Street & Power Co. 1st Mort. 6%..	2,000.00
2000 Ohio Service Co. 1st Mort. 6%	1,970.00
Paid R. I. Med. Society for Repairs on Building.....	300.00

Examined and found correct

HENRY E. UTTER

JOHN B. FERGUSON

Auditors

House of Delegates.

Friday, May 22, 1925.

The annual meeting of the House of Delegates was held this day at 5 P. M. at the Medical Library, Providence, R. I., Dr. Halsey De Wolf presiding.

The first item of business was the election of officers, with the following results:

President—Dr. Halsey De Wolf, Providence.

First Vice President—Dr. Herbert G. Partidge, Providence.

Second Vice President—Dr. Norman MacLeod, Newport.

Treasurer—Dr. Jesse E. Mowry, Providence.

Secretary—Dr. J. W. Leech, Providence.

Committee on Arrangements—Dr. Eric Stone, Dr. Eliot A. Shaw, Dr. Guy W. Wells, Treasurer ex officio.

Committee on Legislation, State and National—Dr. F. T. Fulton, Dr. H. E. Harris, Dr. Charles H. Holt, President and Secretary ex officio.

Committee on Library—Dr. J. E. Donley, Dr. C. S. Westcott, Dr. J. L. Wheaton

Committee on Publication—Dr. Frederick N. Brown, Dr. C. W. Skelton, Dr. W. A. Hillard, President and Secretary ex officio.

Committee on Education—Dr. Geo. H. Crooker, Dr. Wm. P. Buffum, Jr., Dr. F. G. Taggart, President and Secretary ex officio.

Committee on Necrology—Dr. Lucius Kingman, Dr. Peter P. Chase, Dr. Henry W. Hopkins.

Curator—Dr. C. D. Sawyer.

Auditor for two years—Dr. E. M. Porter

Delegate to A. M. A., two years—Dr. Roland Hammond.

Alternate Delegate to A. M. A., two years—Dr. F. T. Fulton.

The report of the Council meeting in verbal form was presented by the Secretary and voted to be placed on file.

The recommendation of the Council to accept the Treasurer's report was voted approved.

The following reports were received and placed on file.

Secretary's report as follows:

*Annual Report of the Secretary.
1924-1925.*

I beg leave to submit herewith the annual report of the Secretary upon the condition and activities

of the Rhode Island Medical Society for the year 1924-1925.

The regular quarterly meetings were held in September, December and March, the fall meeting being held at Newport at the invitation of the Newport District Medical Society, whose members entertained the Fellows of this Society in a most hospitable manner. Viewed from every angle this meeting was delightful and, I believe, a source of help and inspiration for both the local medical association and the State Society which has already borne fruit by renewing a mutual interest among the members of both organizations.

The membership roll of the Society to date comprises:

Active members	390
Non-resident members	28
Honorary members	8

This shows a net gain of four (4) members as compared with the membership of 1923-1924 (386).

It is with regret that I recall to your minds the heavy toll that death has levied upon our membership this year. Within a few days following the first regular meeting in December, which he had conducted as President, Dr. William F. Barry, Woonsocket, suddenly died, leaving the Society bereft of its President not alone, but also of one of its most enthusiastic and energetic Fellows of many years standing. In the brief period of his administration vouchsafed to him, Dr. Barry had by his own example and personality aroused a new interest among the members and had outlined a program for the year marked by progressiveness and ideals of service, which his associates in office have been only too willing to carry out in the spirit in which they believed he conceived it.

Again this year it is my sad duty to record the death of another of our past presidents—Dr. Gardner T. Swarts, who died May 12, 1925. With his death was closed a career notable in his chosen special field of dermatology, and as Secretary of the State Board of Health for many years.

The complete roll of deceased members for the year 1924-1925 is as follows:

Dr. William F. Barry, Woonsocket, December 17, 1924.

Dr. Gonzalo E. Buxton, Providence, January 25, 1925.

July, 1925

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Dr. Henry J. C. Corrigan, Providence, May 16, 1925.

Dr. Edward M. Harris, Pasadena, Cal., April 3, 1925.

Dr. Harold M. Howard, Providence, April 1, 1925.

Dr. Frank C. Pagan, Westerly, September 27, 1924.

Dr. Julius J. Robinson, Providence, August 17, 1924.

Dr. Gardner T. Swarts, Providence, May 12, 1925.

Dr. Harry V. Carroll, Newport, May 19, 1925.

Upon the death of Dr. Barry, the duties of President have devolved upon Dr. Halsey De Wolf, First Vice President, who has accepted the many problems and duties thus suddenly placed upon him with that thoroughness, earnestness and enthusiasm which he has always brought to bear in the many public welfare projects he has been called upon to assist. And I should be failing in gratitude and ungracious, indeed, did I not at this time take advantage of this opportunity to express publicly my sincere sense of appreciation for the wise counsel and helpful advice with which Dr. De Wolf has lightened my duties as Secretary and to pay tribute to the enthusiastic manner in which he has conducted the difficult problems of the office so abruptly thrust upon him.

In connection with our annual meeting next month, it was hoped that the Society might offer to the Fellows a commercial exhibit which would be of interest and profit and a special committee—Drs. Partridge and Hammond—considered the project from many angles. The proximity of our meeting to that of the larger A. M. A. meeting, the fact of our meeting lasting but one day and the physical limitations of our building all combined to make the project an infeasible one and it was with reluctance abandoned.

I take pleasure in reading the following letter from the Washington County Medical Society.

"Dear Doctor Leech,

"Your letter of April 3 was presented at a meeting of the Washington County Medical Society and it was the sense of the meeting that we would be glad to have the State Society hold its September meeting in Westerly.

"A committee was appointed to take the matter under consideration, with power to act, and on re-

ceipt of their report will communicate with you more definitely.

"Yours very truly,

"W. A. HILLARD, *Secretary*"

I have but one recommendation to make at this time. Our organization is entitled to one delegate to the House of Delegates of the American Medical Association. This contact is of the utmost importance to us, and has been maintained by Fellows who have been elected to this office at times at considerable inconvenience to themselves. The delegate attending these sessions has paid his own expenses, which, when the meetings are held at great distances from here, often amount to more than a single member should be called upon to assume. I would, therefore, recommend that the Society defray travelling expenses of the delegate to and from the annual meeting of the American Medical Association and further allot to him a per diem of \$5.00 while in attendance at the sessions of the House of Delegates of the A. M. A.

Respectfully submitted

J. W. LEECH
Secretary

Report of the Board of Trustees of the Medical Library Building.

To the House of Delegates of the Rhode Island Medical Society:

I beg to submit my report as Chairman of the Board of Trustees of the Rhode Island Medical Society Library Building.

A year ago it was thought necessary to repaint the masonry of the parapet of the building, in order to prevent leaks in the roof. Mr. A. W. Merchant, the contractor who erected the building, was asked to make an examination and estimate as to the cost of the contemplated work. He did so, and stated that while from the character of the repairs needed it was impossible to give an exact estimate, the cost would probably be about \$500.

This was at the beginning of winter, and as no leaks developed, it was thought best to delay the work for a time. It would probably be wise to have it done during the coming summer.

The room in the basement used as a lunch room is in very bad condition, as it has received no attention since the erection of the building. We recommend that this room be put in good repair;

this will include certain repairs to the plaster, as well as painting.

There have been no repairs during the year, except a few minor details in the rooms occupied by the janitor.

The building has been used, as usual, by the Providence Medical Association, and meetings of the following organizations have also been held in the auditorium:

Rhode Island State Organization for Public Health Nursing, Rhode Island State Nurses Association, Rhode Island Medico-Legal Society, Rhode Island Dental Society, Rhode Island Ophthalmological and Otological Society, Rhode Island Stomatological Society.

We have had several requests for the use of the building from sources in no way related to the medical profession. These we have declined, believing that this structure should be kept strictly as a meeting place and center for organizations who are in some way concerned with the health of the community.

Respectfully submitted

H. G. PARTRIDGE

May 22, 1925. Chairman

Committee on Publication.

Mr. President and Gentlemen:

In rendering a report of the Publication Committee there are certain outstanding, comparatively new conditions which may be desirable to mention at this time.

Previous to January 1, 1924, (at which time the business management changed hands) it seemed that certain assistance was necessary to speed up delivery of the JOURNAL and our librarian, in consideration of \$100.00 per year, took over this part of the work. Subsequently it was deemed advisable to employ at different times an advertising solicitor, but this was done on a 20% basis; the cost of printing also very considerably augmented in recent months which, with rather diversified expense contingencies has in an immediately recent period considerably more than doubled the cost of publication.

For many years it has been the kindly office of the Rhode Island Medical Society to assist the Publication Committee to the extent of about \$400 a year; this has more recently been offset by a donation to the Society of a like amount by the

Publication Committee for such use as may seem proper; I am not, therefore, as may be conjectured, by recapitulation of our expenses, working up to a statement of a deficit; on the contrary, On January 15, 1924, we had on hand \$873.30 out of which our donation to the Society was to be forthcoming.

On January 15, 1925, with the past year's expense of \$3,994.07 (nearly \$4,000) we had a balance in the bank of \$1,058.55 and no obligations.

Occasion is taken at this point to pay tribute to our business management.

The literary aspects of the JOURNAL are, in a measure, satisfactory. Its literary attainments could not be said to approach the desired standard of a medical journal however, and most probably cannot be made so under the present editorial management. This is a job for a bookish man: for however appreciative one may be of the beauty and strength of language, a very definite mental capacity is necessary to phrase one's thoughts into words that are not only expressive to the writer but magnetically attractive to others.

I may, therefore, be understood when I say, "in a measure, satisfactory"; we are able to fill its columns month by month with worth-while matter and have small occasion to draw upon abstracts from contemporary medical literature; this is largely due to the willingness of some of our younger men to place at the disposal of a grateful editor literary contributions which as a rule have an added value of being based upon the actual work of the author.

The editorial department is also in a measure satisfactory although it, too, has its problems; most of the associate editors are most pleasantly responsive to the demands made upon their time, but it must be regretfully admitted that there are those who, in the past more than now, appeared to regard a definitely assumed obligation only as a tentative invitation, the acceptance of which could be regulated by casual convenience.

However, the publication work goes, as a whole, pleasantly forward, reasonably prosperous and in a sense scientific. It is not a severe tax upon either time or resource and a remedy may be usually found for most of its ills. We earnestly hope that it may continue to be satisfactory to the Society.

Respectfully submitted

FREDERICK N. BROWN
Chairman

(To be continued)

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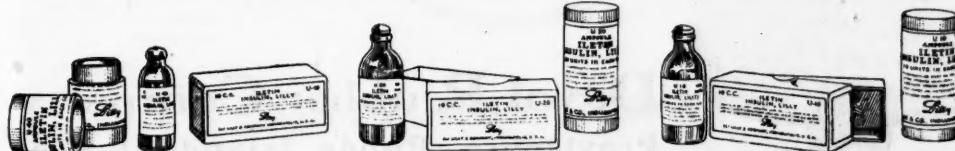
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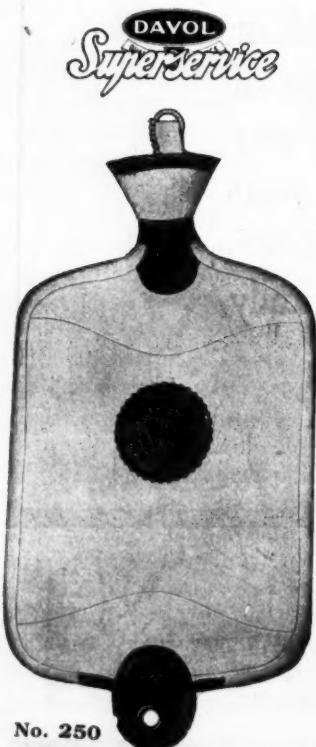
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